



Kentucky Office of Homeland Security Training and Development Program

TRAINING EVENT QUESTIONNAIRE

Please complete the following questionnaire and fax back to our office at (502) 564-7764 ten days prior to the course date.

Point of Contact Name:

Contact Phone:

Course Date or Dates:

Course Title:

Detailed Course Description:

Agencies Invited:

Facility:

Facility Address:

City/Town:

Times (CDT, EDT): EDT

Zip Code:

Estimated Number of Attendees:

Was the Media Invited?:

Are You Open to Media Coverage?:

The Kentucky Office of Homeland Security wants to thank you for hosting the training that our responders will be using to ensure that Kentucky is Ready and Prepared. Our office is requesting that you recognize the Kentucky Office of Homeland Security in both your invitations and opening remarks as the course sponsor. We feel this will also help you as a recruiting tool for students. Please let me know if I can be of any further assistance.

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